

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
2010-2011 PRIMARY CARE QUALITY IMPROVEMENT PROGRAM
Revised 5/25/10

Criteria	Weight	Case Mix Adjusted?	Target:	Data Source
HEDIS Scores	15 points			
Pediatric Practices: <ul style="list-style-type: none"> BMI documented last 12 months (children) Well Child Well Adolescent 	5 points each	No	Target: BMI (children): 21.3% Well Child 3-6: 68% Well Adolescent: 45.9% <i>Meet or exceed measure to earn the 5 points per measure.</i>	Claim/encounters CHDP Extract from EHR etc. Managedcare.com
Family Practice/Health Center/Med Group <ul style="list-style-type: none"> BMI documented last 12 months (children) Mammography (ages 40-69) Cervical Cancer Screen (ages 21-64) 	5 points each	No	Target: BMI (children): 21.3% Mammography: 56.1% Cervical Cancer Screen: 67.6% <i>Meet or exceed measure to earn the 5 points per measure.</i>	Claim/encounters CHDP Extract from EHR etc. Lab results data Managedcare.com
Internal Medicine: <ul style="list-style-type: none"> BMI documented last 24 months (adult) Mammography (ages 40-69) Cervical Cancer Screen (ages 21-64) 	5 points each	No	Target: BMI: 37.2% Mammogram: 56.1% Cervical cancer screen: 67.6% <i>Meet or exceed measure to earn the 5 points per measure.</i>	Claim/encounters Extract from EHR etc. Lab results data Managedcare.com
Disease Management	15 points			
Disease State (Diabetes) <ul style="list-style-type: none"> HbA1c Good Control (<9) LDL Control (<100) Blood Pressure <140/90 	5 points each	No	Targets: HbA1c control: 64.8% LDL-C: 42.9% Blood Pressure: 61.1% <i>Meet or exceed measure to earn the 5 points per measure.</i>	Claim/encounters Extract from EHR etc. Lab results data Managedcare.com
Appropriate Use of Resources	45 points			
<ul style="list-style-type: none"> Inpatient Utilization - Days/1,000 - Readmission Rate 	12.5 points each	Yes: By PCP/Site	Target: Customized for each PCP/Site with partial points available.	Claims
<ul style="list-style-type: none"> Generic Prescriptions (PCP's prescriptions only) 	10	No	Target: at least 85%	Claims

<ul style="list-style-type: none"> Specialist Referral Management 	10	Yes: By PCP/Site	Target: At or below the PCP's specialty care budgeted pmpm amount.	Claims
Access	17 points			
<ul style="list-style-type: none"> Avoidable ED Visits - ED visits of level 1, 2, or 3 considered avoidable (99281-99283). 	8	Yes: By Practice Type By County Level	Target: At or below the threshold. If above threshold, but PCP office visit target is met, PCP/Site gets full points.	Claims
<ul style="list-style-type: none"> Practice "open" to PHC members 	5	No	Open 1 full quarter = 1 point Open 2 full quarters = 2 points Open 3 full quarters = 3 points Open all year = 5 points	Administrative
<ul style="list-style-type: none"> PCP Office Visits 	4	Yes By PCP/Site	Target: Based on HealthPlan mean: >2.2 visits/year = 4 points	Claims
Use of Information Technology	5 points	No		
<ul style="list-style-type: none"> Electronic Claims Submission 	5		Target: Submit at least 95% of eligible claims to PHC electronically. <i>Eligible Claims are those currently acceptable in electronic format by PHC. Current exclusions: CHDP, claims with attachments.</i>	Claims
Member Satisfaction	3 points	No	Target: >85% satisfaction Partial Points: 80-85% = 1 point <i>Use aggregate score of most current member satisfaction survey results available.</i>	PHC Member Satisfaction Survey or State's CAHPS Survey

Pay for Performance Menu – Available to all contracted PCP sites, regardless of size.

Advance Care Planning	\$100 per form	Use current QBI criteria: 1) disease process 2) limited functional status 3) in a SNF. Allow once per measurement year.
Access/Extended Office Hours	Equivalent Payment of 10% of Cap	Be open an additional 8 hours (beyond M-F, 8-5) and to be counted on a per-site basis with a radius of 5 miles. Provide quarterly payout, equal to 10% of cap, to PCPs if they had extended office hours the entire previous quarter.
Member Satisfaction	\$1,000/practice site	For first sixty practice sites to conduct patient satisfaction/experience of care survey and implement a quality improvement activity in at least one area. QI activity must be approved by PHC's Quality Department.

Assumptions

1. Exclude dual ("medi-medi") members.
2. For practice sites who don't qualify for all aspects of the incentive program, including those with fewer than 50 assigned members, "unused" points revert to eligible areas.
3. A provider site must be a contracted provider all year in order to qualify to participate in the Quality Incentive Program. This requirement does not apply to the P4P Menu.
4. Targets will be provided to participating PCPs/Sites by June 2010.